

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155703		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/23/2012	
NAME OF PROVIDER OR SUPPLIER BROOKSIDE VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1111 CHURCH AVE JASPER, IN 47546			
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R0000	<p>This visit was for the Investigation of Complaint IN00105227.</p> <p>Complaint IN00105227 Substantiated, State residential findings related to the allegations are cited at R217.</p> <p>Survey dates: March 22 and 23, 2012</p> <p>Facility number: 003240 Provider number: 155703 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 24 Residential: 35 Total: 59</p> <p>Census payor type: Medicare: 11 Other: 48 Total: 59</p> <p>Sample: 4</p> <p>This state residential finding is cited in accordance with 410 IAC 16.2.</p>		R0000	<p>This plan of correction is to serve as Brookside Village's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Brookside Village or its management company that the allegations contained in this survey report is a true and accurate portrayal of the provision of nursing care and other services in this community. Nor does this submission constitute an agreement or admission of the survey allegations.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed 3/27/12 Cathy Emswiller RN						

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R0217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope; (B) frequency; (C) need; and (D) preference; of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, interview, and record review, the facility failed to ensure service plans were updated for a resident who was assessed as a high fall risk and</p>	R0217	<p>R 217 - 410 IAC 16.2-5-2 (e)(1-5) Evaluation - DeficiencyI. Resident A no longer resides at the facility. The service plans for the residents B, C & D have been reviewed and updated for appropriateness and signatures from the resident and/or family has been obtained.II. All residents assessed as a high fall risk</p>	04/23/2012			

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	<p>had fallen [Resident B], and for a resident who received Ativan for anxiety [Resident A]; and failed to ensure service plans were signed by the resident and/or family members [Residents A, C, and D], for 4 of 4 residents reviewed for service plans in a sample of 4.</p> <p>State findings include:</p> <p>1. On 3/22/12 at 9:15 A.M., during the initial tour, the Assistant Director of Nursing [ADON] indicated Resident B had fallen and obtained a fracture "while residing on the AL [assisted living]" side." The ADON indicated Resident B had short-term memory problems, and was questionably interviewable.</p> <p>The clinical record of Resident B was reviewed on 3/22/12 at 10:50 A.M. A "Falls - Fall Risk" document, dated 6/3/11, indicated the resident had a history of "One or Two Falls" in the previous 3 months and had a total score of 12 ["Score of 10 or higher represents a high risk for falls"]...Initiate Plan of Care."</p> <p>A Service Plan, dated 7/14/11, indicated the resident required "[One assist] stand by" for mobility.</p> <p>A Care Conference Summary, dated</p>		<p>and/or who are receiving Ativan for anxiety have had their service plans updated to reflect this. In addition, all service plans are signed by the resident and/or family.III. The systemic change includes that the residential Unit Manager or designee will attend the morning (Monday through Friday) clinical meeting. During this meeting, all new admission and new orders are reviewed for residents receiving Ativan for anxiety, as well as any falls or significant changes such as a resident newly deemed as a high risk for falls. The service plan will be updated to reflect these changes at that time. The weekend charge nurse will be responsible for changes on the weekends and/or holidays. Licensed nurses have been provided education regarding updating service plans for residents assessed as a high fall risk and/or those residents that receive Ativan for anxiety. This education will also include obtaining resident and/or family signatures on service plans upon admission and subsequent reviews.IV. The DON or her designee will complete a quality improvement audit tool to review service plans for resident and/or family signatures and appropriate updates regarding high fall risk and/or residents receiving Ativan for anxiety. These audits will be completed weekly for 30 days, then monthly thereafter for a total</p>				

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	<p>7/7/11, indicated, "...Primary Diagnosis/Reason for Stay: Kept falling [and] not following medication regime...."</p> <p>A Physician's Progress Note, dated 8/1/11, indicated, "...follow-up regarding Alzheimer's dementia...Still very forgetful...."</p> <p>A Progress Note, dated 9/10/11 at 4:17 A.M., indicated: "Res [resident] called stating she was in bathroom. Found res in bathroom holding onto the bar between the sink and the toilet and her walker. Res stated that she lost her balance. Res stated she was glad she didn't fall...."</p> <p>A "Fall Risk" document, dated 9/20/11, indicated the resident had intermittent confusion, required the use of assistive devices, and had a total score of 9. The document indicated, "Continue Current Plan of Care."</p> <p>An "Event Report," dated 9/28/11, indicated: "...Event Date: 9/28/11, 10:45PM [sic]...Location of Fall, Resident Room...Was Fall Witnessed? No. Does resident exhibit or complain of pain...Yes - Left side ribs...Left side painful when touching ribs and skin tear to left shin...Mental Status, No changes...Other - lost her balance...Fell in past 30 days...Interventions - Immediate measures</p>				<p>of 12 months of monitoring. Any identified concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as needed. Date of completion: April 23, 2012</p>		

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	<p>taken. None of above [Which included: Adaptive Equipment, Analgesics, Bed Alarm, Rest]...Outcome of Interventions: No Interventions Used...Notes: Resident tearful this shift when getting up from talking to daughter she lost her balance and fell. She landed on her walker...She complains of pain to left ribs and has skin tears to her right shin...was informed to please call for help when getting up....Falls Prevention Program initiated Yes...Care Plan updated Yes."</p> <p>A Physician's Progress Note, dated 11/9/11, indicated, "...They [family members] state that everyday she is getting more and more confused...The find it hard to have a conversation with her...."</p> <p>An Event Report, dated 12/8/11, indicated, "Event Date: 12/8/11, 10:56PM [sic]...Description, Found on floor, Location of Fall, Resident Room. What was the resident doing just prior to fall? using the bathroom. Was Fall Witnessed? No. Does resident exhibit or complain of pain related to the fall? Yes - hit head...hit head against wall...Fell in past 31-180 days. Interventions...None of above. Outcome of Interventions [none marked]...Notes: 12/8/11 at 7:15PM, Resident was found on floor beside of bed, states hit head on wall no raised or</p>						

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	<p>discoloration...will continue to monitor...."</p> <p>An Event Report, dated 12/16/11, indicated, "Event Date: 12/16/11 4:05AM, Res [resident] found on floor, Resident Bathroom...Was Fall Witnessed? No...Res had been sick some yesterday with [nausea and vomiting] and diarrhea...Fell in past 30 days. Interventions, None of above. Outcome of Interventions, No Interventions Used...Notes: Res call and was found on the floor in her bathroom. Res states she got up from the toilet and fell...Res stated she hit head but no apparent injury was noted at this time...."</p> <p>Documentation that the Service Plan was updated related to the resident's falls was lacking.</p> <p>A Progress Note, dated 12/22/11 at 12:58 P.M. indicated: "6 month review:...uses a walker for ambulation...Resident has periods of confusion...."</p> <p>An Event Report, dated 12/29/11, indicated, "Event Date: 12/29/11, 7:40PM, resident found on floor. Resident Room...Was the fall witnessed? No. Does resident exhibit or complain of pain related to the fall? Yes - right leg hip. Moderate pain...right leg external [sic]</p>						

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	<p>rotated, and shorter than left, and complains [sic] of pain in leg...ROM [range of motion] Painful/Limited in Lower Extremity...Interventions, Other - sent to hospital...."</p> <p>A hospital history and physical, dated 12/29/11, indicated, "...The patient...was said to have fallen from standing height while using her walker...She noted immediate pain to her right hip, inability to bear weight and was brought to the emergency room for evaluation....confirmed a fracture of her right proximal femur...."</p> <p>On 3/23/12 at 10:15 A.M., during interview with the Unit Director, she indicated she does the service plans on residents upon admission and every 6 months. The Unit Director indicated she did not remember Resident B falling "that much," and would not have updated the service plan following each fall.</p> <p>2. On 3/22/12 at 9:15 A.M., during the initial tour, the ADON indicated Resident A had fallen while on the residential unit and obtained a left hip fracture. The ADON indicated she thought the resident received psychotropic medications, and was questionably interviewable.</p> <p>The clinical record of Resident A was</p>						

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	<p>reviewed on 3/22/12 at 1:30 P.M. Diagnoses included, but were not limited to, Atrial Fibrillation, COPD, Chronic Pulmonary Heart Disease, and Senile Dementia.</p> <p>A Service Plan, dated 1/12/12, indicated the resident was "[Up] ad lib [as desired]," and had no altered mood or behaviors. The Service Plan was unsigned by either the resident or family.</p> <p>A Care Conference Summary, dated 2/15/12, was unsigned by the resident or family.</p> <p>A Functional Assessment, dated 2/22/12 at 7:35 A.M., indicated: "Hygiene and Grooming, Moderate - Requires cues, general assistance to complete tasks, staff monitors self-effort...Mobility - Minimal - Independent use of device...Communication: Moderate - Responds appropriately; requires frequent verbal cues and reminders. Cognitive Ability: Moderate - Memory loss and confuions [sic]: dementia; withdrawal from others; requires supervision throughout the day...Mood/behaviors: Minimal...Psychosocial Well Being: Minimal - Needs verbal orientation and direction at times...."</p> <p>Progress Notes, dated 2/28/12 at 10:42</p>						

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	<p>A.M., indicated, "Fax to MD regarding use and request of PRN [as needed] HHNTX [hand held nebulizer treatment] and increased anxiety regarding feelings of SOA [shortness of air] and inability to breathe, resident has no s/s [signs or symptoms] of SOA or distress O2 SATS [oxygen saturation levels] above 90% at all times...." Documentation of vital signs or lung sounds were lacking at this time.</p> <p>A Physician's note, dated 2/28/12, indicated, "Chief Complaint: Here for follow up of medical problems...Her memory is impaired...She gets tired, SOB [short of breath] from certain activities...."</p> <p>Progress Notes, dated 3/2/12 at 9:37 A.M., indicated, "N.O. [new order] per [physician], start Ativan 0.5 mg po [by mouth] BID [twice daily] prn anxiety, notified POA, son."</p> <p>The Medication Administration Record, dated March 2012, indicated the resident received Ativan twice on 3/2/12, and twice on 3/3/12. Documentation of the reasons the resident received the medication, or alternate interventions was lacking. Documentation of vital signs and lung sounds was lacking.</p> <p>Documentation that the service plan was updated regarding the administration of</p>						

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	<p>the Ativan was lacking.</p> <p>Progress Notes, dated 3/4/12 at 2:10 P.M., indicated, "Resident extremely anxious entire shift, calling for PRN HHN TX at least hourly, no s/s of SOA or distress, called MD to discuss, N.O.'s written for routine albuterol and antianxiety medications, unit manager, family and resident aware of new orders."</p> <p>The next Progress Note, dated 3/4/12 at 8:15 P.M., indicated, "Resident called staff to room after fall when walking back from bathroom to recliner, unwitnessed, Vital Signs and ROM performed...resident unable to ambulate d/t [due to] c/o [complaints of] pain, assisted to chair and MD notified...."</p> <p>A hospital history and physical, dated 3/5/12, indicated, "...admitted through the emergency department early this morning because of a left hip fracture. The nurse at [facility] reports she had fallen...I talked to her caregiver this morning who said that she would not get up and stand or walk yesterday either. I talked to the nurse at [facility] a couple of times on Saturday who was requesting more Ativan for the patient. The nurse, at that time, told me the patient had been requesting albuterol treatments every hour, that her lungs were clear, she did not seem to be in respiratory</p>						

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	<p>distress, and her vital signs were normal...The nurse was not clear, but it seemed that Ativan was not helping her demands for more nebulizer treatments...After her ER visit and hospitalization earlier this morning, the nurse called me to indicate she had not been responding well, and the blood gases obtained were showing respiratory failure...Respiratory: Lung sounds are diminished and tight with some pops and wheezes, but air flow is not very good...."</p> <p>A hospital consultation report, dated 3/5/12, indicated, "Chief Complaint: Left hip fracture. History of present illness: The patient...received Ativan medication yesterday and got up to use the restroom when she sustained fall. She is completely incoherent at the time of evaluation...."</p> <p>On 3/22/12 at 2:55 P.M., during interview with the Unit Director, she indicated she completed the service plans. She indicated she did not get the resident or family to sign the service plans, but that a care conference summary was held approximately a month after the service plan was completed, and the resident and/or family would sign that. She indicated the service plans would be updated if there was a significant change in the resident's condition.</p>						

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	<p>On 3/23/12 at 10:40 A.M., a skin assessment was requested on Resident A. A large purplish bruise was observed on Resident A's right hip. Steri strips were also observed over incisions on the hip.</p> <p>3. On 3/22/12 at 3:20 P.M., the clinical record of Resident C was reviewed.</p> <p>Service plans, dated 1/4/11, 9/26/11 and 1/9/12, were in the clinical record. None of the plans were signed by the resident or family member. Care plan conference summaries were not found in the record.</p> <p>On 3/22/12 at 3:30 P.M., the Unit Manager indicated she did not have additional documentation.</p> <p>4. On 3/23/12 at 9:50 A.M., the clinical record of Resident D was reviewed.</p> <p>The most recent care conference summary was dated 6/21/11. The most recent service plan, dated 1/9/12, was not signed by either the resident or family.</p> <p>5. On 3/23/12 at 12:00 P.M., during interview with the Administrator and the Director of Nursing [DON], the DON indicated service plans are completed upon admission and every 6 months. The DON indicated the resident and/or family sign the care plan conference summary</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	<p>pages when they are held. The DON indicated the service plan should be updated when needed.</p> <p>On 3/23/12 at 3:00 P.M., the Administrator indicated she was unable to locate a policy and procedure on the completion of service plans, on fall prevention, or on the administration of psychotropic medications</p> <p>.This state residential tag relates to Complaint IN00105227</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/12/2012

FORM APPROVED

OMB NO. 0938-0391

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